

Dear XXXXXXXX X XXXXXXXXXXXX,

This is an important notice from the Indiana Family and Social Services Administration (FSSA) about changes in health coverage benefits that affect you. Because you have been determined to meet the eligibility requirements for the new HIP, your coverage under the Family Planning Services for Women and Men category of Medicaid will end January 31, 2015. You are now conditionally eligible for the new HIP. To choose a health plan (Anthem, MDwise or MHS) contact the Enrollment Broker at 1-877-GET-HIP9 immediately or one will be chosen for you.

You have the opportunity to receive HIP Plus benefits. To become fully eligible for HIP Plus you need to make your first monthly POWER account contribution on time.

Your POWER account contribution is based on your countable monthly income of \$X,XXX.XX. Your POWER account contribution is approximately two (2) percent of your income, requiring an annual POWER account obligation of \$XXX.XX, which can be paid in monthly installments of \$XX.XX.

Under HIP Plus, you will have coverage for comprehensive benefits including vision and dental services. Other than your monthly POWER account contribution, in HIP Plus you will not be charged anything for visiting the doctor or filling prescriptions. The only other cost associated with getting health care in HIP Plus is a copayment for visits to the emergency room if the health condition is not an emergency. Contacting your health plan before visiting the emergency room to confirm your health condition is a true emergency may eliminate this payment.

If you do not pay your monthly contribution, you will be enrolled in HIP Basic. In HIP Basic, you will not have coverage for vision or dental benefits and will be required to make a payment called a copayment for most health services you receive including doctors' visits, prescriptions and hospital stays. These payments will range from \$4 to \$8 per doctor visit or prescription filled and may be as high as \$75 per hospital stay.

Your HIP Plus health coverage will begin on the first day of the month in which your first monthly POWER account contribution is received and processed by your health plan. In a few days, your health plan will send you the bill for your first monthly POWER account contribution. If you do not make your contribution on time, you risk being placed into the HIP Basic benefit plan. The sooner you make your contribution, the sooner your benefits will begin.

You are no longer eligible to receive Medicaid for Family Planning Services because we have determined you meet the eligibility requirements for the new Healthy Indiana Plan (HIP). You can only be eligible for family planning services if you are not eligible for any other Medicaid category. You cannot choose to remain in the family planning services Medicaid category. However, you can still receive family planning services and additional comprehensive benefits under the new HIP.

When you transition to the new HIP on February 1, 2015, you can expect the following:

- You may not have a break in coverage if you make your first POWER account contribution on time when you receive your first bill. Your HIP coverage can start as soon as February 1, 2015.

- You will receive comprehensive medical coverage with new features designed to help you manage your health and control health care costs and an opportunity to obtain additional benefits, such as vision and dental coverage.

In the HIP program, the first \$2,500 of medical expenses for covered services are paid with a special savings account called a Personal Wellness and Responsibility (POWER) account. The State will pay most of this amount, but you will also be responsible for paying a portion of your initial health care costs. Your portion is paid through an affordable, monthly contribution to your POWER account based on income.

Managing your account well and getting preventive care can reduce your future costs. If your annual health care expenses are less than \$2,500 per year, you may rollover your remaining contributions to reduce your monthly contribution for the next year. You can also have this reduction doubled if you complete preventive services. If your annual health care expenses are more than \$2,500, the first \$2,500 is covered by your POWER account, and expenses for additional health services over \$2,500 are fully covered at no additional cost to you. Your health plan will inform you what preventive services are recommended for you.

In HIP, your contributions to your POWER account will be yours, and you could receive a portion back if you leave the program. Since your contributions are based on a projected annual amount, you may also owe your health plan for any remaining months of enrollment if you leave the program early.

What does this mean for me?

Beginning February 1, 2015, you will be eligible to enroll in the HIP Plus program that provides continued medical services with a low, predictable monthly cost. With HIP Plus, you won't have to pay every time you visit a doctor or fill a prescription. HIP Plus allows you to make a monthly contribution to your POWER account that is approximately 2 percent of your income and could be as low as \$1. You will receive an invoice for your monthly contribution from your health plan. If both you and your spouse are enrolled in HIP Plus, the monthly contribution amount will be split between you. The only other cost you may have for health care in HIP Plus is a payment of \$8 to \$25 if you visit the Emergency Room when you don't have an emergency health condition. Contacting your health plan before visiting the emergency room may eliminate this payment.

What happens if I do not pay my monthly contribution?

If you do not make your POWER account contribution on time, and your income is under \$973 per month for an individual or \$1988 per month for a family of four, you will be enrolled in HIP Basic. In HIP Basic, you will not have a simple monthly contribution. Instead you will be responsible for a payment called a copayment for each health service you receive including doctors' visits, hospital stays or prescriptions. These payments will range from \$4 to \$8 per doctor visit or prescription filled and may be as high as \$75 per hospital stay. In HIP Basic, you will be billed a copayment for each health service, and the HIP Basic plan could be more expensive than paying the HIP Plus monthly POWER account contribution.

INFORMATION ABOUT ELIGIBILITY AND ENROLLMENT IN THE HEALTHY INDIANA PLAN

Once you are enrolled in HIP, you are eligible to receive benefits for a period up to twelve (12) months. We will redetermine your eligibility annually or during the benefit period when we become aware of a change in your circumstances. Certain changes in circumstances may impact your eligibility for HIP, your level of benefits or your monthly POWER account contribution. It is important that you report any change in circumstances during your benefit period.

CHANGES YOU MUST REPORT

You must report the following changes in your circumstances within 10 days of when the change occurs:

- You move to a new address or change mailing addresses.
- Your family income or family size changes.
- You lose your job, change jobs or get a new job.
- You become pregnant. You can continue to receive HIP benefits while pregnant, but you will not have to pay for any costs to receive HIP benefits while pregnant. We also need to know when you deliver your baby or when your pregnancy ends.
- You become insured under other health insurance, either private or Medicare.
- Any other change that you think may affect your eligibility or benefits for HIP.

If you have a change to report, please call or fax information to the FSSA Document Center at 800-403-0864, mail to FSSA Document Center, PO Box 1810, Marion, IN 46952 or submit a change request through the FSSA Benefits portal at in.gov/fssa/dfr

What happens next?

Your health plan will send you a bill for your POWER account contribution. Making this payment as soon as possible will guarantee access to HIP Plus so you will not be asked to make copayments for covered health services. In HIP Plus, your monthly costs will always be a predictable amount unless your income changes.

Gateway to Work Program

As part of your enrollment in the Healthy Indiana Plan, if you are not a full time student or work more than 20 hours per week you may be referred to Indiana's Gateway to Work program. Gateway to Work will provide you with general information on the state's job search and training programs that could help connect you to potential employers. While participating in the Gateway to Work could help you find employment opportunities, failure to do so will not affect your HIP eligibility.

If you have questions about the change to your coverage, please refer to the frequently asked questions document found on the HIP website at www.hip.in.gov or contact your health plan at the number below. For questions regarding your eligibility, contact the State at 1-800-403-0864.

- **Anthem:** (866) 800-8780
- **MDwise:** (800) 356-1204
- **MHS:** (877) 647-4848

If you disagree with our decision

You have the right to appeal our determinations such as your monthly income, POWER account contribution amount, or category of benefits. You cannot appeal the change in law that resulted in your transition from the previous benefits program to the new HIP. This notice includes instructions for filing an appeal. Please read this information carefully.

Timelines and process for appealing

You must file your appeal in writing by close of business within thirty-three (33) days of the date of the notice or the effective date of the action you are appealing, whichever is later. To continue receiving your current benefits, you must file an appeal prior to the effective date of the action you are appealing that is indicated on this notice as described below. Please note that close of business means 4:30 PM local time where the appeal is received. If a deadline falls on a weekend or a holiday, we must receive your appeal by the next business day. If you mail your appeal, your appeal will be considered filed on the date of receipt and not on the postmarked date.

An FSSA representative will notify you of the next steps. If FSSA schedules a hearing we will notify you in writing of the date, time, and place for the hearing. You may speak for yourself at the hearing or bring someone else such as an attorney, friend or relative.

How will the appeal impact my benefits?

As a result of your conversion into the new HIP and our determination, you became eligible to receive a certain level of benefits. You will be able to receive this level of benefits while your appeal is pending. However, if you are enrolled in HIP Plus or HIP State Plan Plus, you must continue making the required monthly POWER account contributions during your appeal in order to continue receiving HIP Plus or HIP State Plan Plus benefits. Your appeal does not remove this requirement. If you do not make your required POWER account contributions on time during your appeal, you will lose access to HIP Plus or HIP State Plan Plus benefits and you may lose your HIP eligibility.

Can I maintain my previous benefits during the appeal?

As indicated in this notice, you are approved to receive services under the new HIP program. Your Medicaid for family planning services category has not been eliminated as a result of the changes in law. Therefore, you may be able to maintain either your previous benefits or benefits available under the new HIP program during your appeal.

To receive those continued benefits, you must file an appeal prior to the effective date of the action you are appealing that is indicated on this notice. You may request not to maintain your previous benefits by stating so in your appeal request. If you lose your appeal, you may be responsible for repaying any benefits you received during your appeal under your previous coverage.

Back payments for HIP POWER account

If you become ineligible for any HIP services and the ALJ rules in your favor, your coverage will be restored back to the date of discontinuance or the appropriate date in which you should have been found eligible. Importantly, you will be responsible for paying back any missed POWER account contribution that accrued during your appeal. You will lose HIP eligibility if you do not repay this amount timely.

What if I have an appeal pending concerning my previous HIP benefits?

If you appealed an eligibility determination under a previous benefits program and are maintaining those benefits during your appeal, you will continue receiving comparable services or a more enhanced services package beginning on February 1, 2015, if you elect not to maintain your previous benefits during your appeal of this notice.

If you lose or withdraw your pending appeal, you may no longer be eligible for coverage under the new HIP and your new HIP benefits may end. You may reapply for coverage under the new HIP. If you win your appeal, you may receive services in the appropriate category under the new HIP.

How to file an appeal

You can mail, fax or hand deliver your appeal request. The appeal must be in writing and must be signed.

To appeal, please send a signed letter with as much information as possible including your Name, Case Number, and Reason for the appeal, along with a copy of this entire notice to one of the following locations listed below. For your case, this information is provided below for your convenience.

Name: XXXXX X XXXXX

Case Number: XXXXXXXXXXXX XXXX XX

Date of Notice: XX/XX/XX

County: XX

Please choose only one of the following methods to file your appeal.

1. Mail your written appeal to:

FSSA Document Center
PO Box 1810
Marion, IN 46952

Or,

2. Fax your written appeal to FSSA Document Center: 1-800-403-0864

Or,

3. Take your written appeal to your local Office of the Division of Family Resources during regular business hours.

If you have questions or need more information about this notice or the fair hearing process, please call us at 1-800-403-0864. You can also read about the fair hearing process on our website at www.in.gov/fssa.

You may also contact your local office of the Division of FamilyResources:

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PHONE: 1-800-403-0864